

State of Delaware

# Benefits worth flocking to.



**2021-2022 Benefit Guide**  
**Effective July 1, 2021**

**Customer Service: 1-844-459-6452**

Delaware State Employees and Pensioners,

We know choosing coverage is about more than just your health care. It's about peace of mind. That's why when you choose PPO Blue<sup>SM</sup> from Highmark Blue Cross Blue Shield Delaware, you get a plan that's simple to understand, easy to use, and easy to love.

With Highmark, you get access to personalized wellness programs, handy online tools, and 24/7 support for any questions you might have along the way. And, as always, you get a complete local network with eight hospitals and over 4,000 doctors and specialists, right here in Delaware.

We look forward to making it easier for you to feel your best.

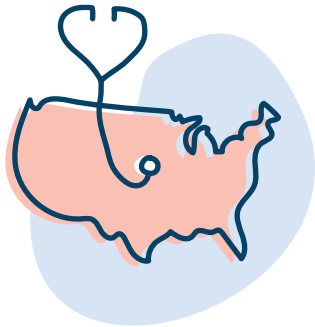


Nick Moriello  
President, Highmark Blue Cross Blue Shield Delaware

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# Three ways Highmark makes it simple.



1

## Nationwide access to providers through the BlueCard® program.

With your coverage, you get access to 96% of hospitals and 95% of doctors from coast to coast. And when you travel, you're covered in 190 countries. When we say big, we mean BIG.



2

## Total support, day or night.

Whether it's 24/7 answers from registered nurses, access to video chat services for prescriptions or a diagnosis, or just some help booking your doctor visits, when you need us, we're there.



3

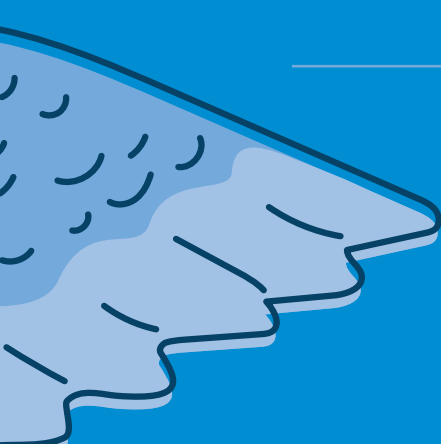
## Easy access to top-performing specialists.

Many of our network specialists have Blue Distinction status for their exceptional safety and results. That means great specialty care for you across the board. Easy-peasy.

**There's the short version.**

For more details on what makes the choice even simpler, turn the page.

# Health insurance so easy you'll forget it's health insurance.



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## Coverage questions? Don't wing it.

Get answers and info about your plan options from local Customer Care Advocates. Just call **844-459-6452**, Monday through Friday, from 8 a.m. to 7 p.m.

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# Here are highlights of our PPO Blue plans.

## First State Basic and Comprehensive PPO Plans

- Need to see a doctor but can't get to their office? Get a diagnosis, treatment plan, or prescription any time, right from your phone or computer. You can register at **amwell.com** or **doctorondemand.com** via the mobile app, or over the phone using the number on the back of your member ID card.
- Medical concerns during off hours? Just call 1-844-459-6452 to get support from a registered nurse or a health coach any time and put your worries to bed.
- For wellness, there is Sharecare® to give you personalized guidance that makes it simpler to live healthier.
- The diabetes management program, Livongo®, includes a free blood glucose meter, testing supplies, and lifestyle support from a certified diabetes educator. Plus, you get a powerful digital tool to help you keep track of it all.
- Ready for a change? Get ready to learn healthy diet changes, lose weight, increase physical activity, reduce stress, and reverse pre-diabetes by enrolling in the Diabetes Prevention Program (DPP). Enroll in either the in-person program through the YMCA DPP\* or the virtual DPP through Livongo. And, it's completely covered with no out-of-pocket costs.



\* Due to the pandemic, in-person visits may not be a current option.

**How easy is it for  
you to find care  
and get care?**

**Almost too easy.**

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#### MY CARE NAVIGATOR\*

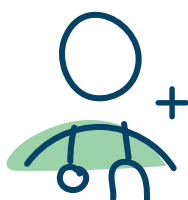


## Your appointments, booked for you.

It's as simple as calling 1-844-459-6452. We'll help you find the in-network doctor you need and reserve some space on their calendar for a checkup. Which means less on-hold music for you.

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#### NO REFERRALS



## No referrals, no red tape.

Lose the timewasting of going to an appointment just to get another appointment. See whichever in-network doctors you want to see. Or call 1-844-459-6452 and we'll find a specialist for you. No hoops, no hoopla.

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#### BLUE DISTINCTION® SPECIALTY CARE



## See specialists who get better results.

Only specialists who consistently deliver safe, effective treatments make our Blue Distinction list. When you use our Find a Doctor tool, a special logo will be by their name, so you can cherry-pick a top-performing specialist for any care you need.

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#### TELEMEDICINE



## Face-to-face with a doctor, 24/7.

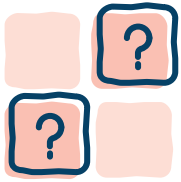
Need to see a doctor but don't want to leave your couch? Get a diagnosis, treatment plan, or prescription any time, right from your phone or computer. Visit **amwell.com** or **doctorondemand.com**, register via the mobile app, or over the phone using the number on the back of your member ID card. That's laid-back-in-a-recliner easy.

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**How simple is  
it for you to get  
answers and  
reach your goals?**

**Super simple.**





#### BLUES ON CALL<sup>SM</sup>

## Answers from a health pro, 24/7.

Medical concerns during off hours? Just call 1-844-459-6452 to get support from a registered nurse or a health coach any time and put your worries to bed.



#### ONLINE TOOLS AND MEMBER WEBSITE

## Your entire plan at your fingertips.

No more searching for old files or waiting on snail mail. Your digital ID card, Find a Doc tool, deductible progress, and claims status are all available online at [highmarkbcbsde.com](https://highmarkbcbsde.com).



#### CARE COST ESTIMATOR

## See what care might cost you.

Before making an appointment for a test, scan, or procedure, Care Cost Estimator helps you estimate what that care may cost. Available on your member website, [highmarkbcbsde.com](https://highmarkbcbsde.com).



#### HEALTH COACHES

## Personalized support for health goals.

Looking to lose weight? Quit smoking? Be more active? A wellness coach can create a personalized plan for you, right over the phone, on your schedule. Sessions are free and confidential.

**Extra perks with  
Highmark?**

**For you, absolutely.**

#### BLUE365

## Discounts to help you stay healthy and active.

From workout gear to personal wellness to healthy meal services, we'll take a little off the top while you're taking a little off your middle. Member-only deals are at [blue365deals.com](https://blue365deals.com).

#### LIVONGO

## Diabetes management, made simple.

This program includes a free blood glucose meter, testing supplies, and lifestyle support from a Certified Diabetes Educator. Plus, by using digital tools, you can easily keep track of it all.

#### TELEMEDICINE

## Face-to-face with a doctor, 24/7.

Need to see a doctor but can't get to their office? Get a diagnosis, treatment plan, or prescription any time, right from your phone or computer. You can register at [amwell.com](https://amwell.com) or [doctorondemand.com](https://doctorondemand.com) via the mobile app, or over the phone using the number on the back of your member ID card. That's laid-back-in-a-recliner easy.

#### COMPLEX CASE MANAGEMENT

## Help staying on track with treatments.

Our case managers are experts in making complex health situations simpler. They'll help you make a plan and stick to it.

#### SHARECARE®

## Say hello to your online health and wellness hub.

Find out your RealAge®, track your health habits, and monitor sleep, stress, and fitness — in real time. Once you're enrolled, get started at [mycare.sharecare.com](https://mycare.sharecare.com).

#### DISEASE MANAGEMENT PROGRAMS

## Help managing chronic conditions.

Receive one-on-one nurse support for conditions like asthma, diabetes, heart disease, and other chronic conditions, either in person or virtually.

#### DIABETES PREVENTION PROGRAM

## Tips on how to avoid diabetes.

Lower your risk with simple, effective, practical strategies.

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Find out more about these benefits by logging in to your member website, [highmarkbcbsde.com](https://highmarkbcbsde.com).

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# What's covered, what's free, and everything in-between.

Your plan comes with a ton of great benefits. And as part of your membership, there's no extra cost for most in-network preventive care. If you want more details, visit [highmarkbcbsde.com](http://highmarkbcbsde.com).

## First State Basic Plan

This summary of benefits is intended to briefly highlight the health plans available. All percentages listed refer to Highmark Blue Cross Blue Shield Delaware's allowable charges.

Description of Benefit	In-Network Benefits	Out-of-Network Benefits
Deductibles – Plan Year	\$500 Individual, \$1,000 Family	\$1,000 Individual, \$2,000 Family
Total Maximum Out-of-Pocket Expenses (TMOOP) Plan Year (includes deductibles, copays, and coinsurance)	\$2,000 Individual, \$4,000 Family	\$4,000 Individual, \$8,000 Family
Inpatient Room and Board	10% coinsurance after deductible <sup>1*</sup>	30% coinsurance after deductible <sup>2*</sup>
Inpatient Physician and Surgeon		
Outpatient Surgery		
Bariatric Surgery	See footnote <sup>3,4</sup>	See footnote <sup>3,4</sup>
Hospice	10% coinsurance after deductible <sup>1*</sup>	30% coinsurance after deductible <sup>2*</sup>
Home Care Services	10% coinsurance after deductible 240 visits per plan year <sup>1*</sup>	30% coinsurance after deductible 240 visits per plan year <sup>2*</sup>
Emergency Services	10% coinsurance after deductible <sup>1</sup>	10% coinsurance after deductible <sup>1</sup>
Urgent Care Services	100% covered after \$25 copay per visit	100% covered after \$25 copay per visit
<b>Mental Health Care/Substance Abuse Treatment</b>		
Inpatient Hospital Care and Partial/Intensive Outpatient Care	10% coinsurance after deductible <sup>1*</sup>	30% coinsurance after deductible <sup>2*</sup>
Outpatient Care	10% coinsurance after deductible <sup>1</sup>	30% coinsurance after deductible <sup>2</sup>
Telemedicine Services	10% coinsurance after deductible	30% coinsurance after deductible

Description of Benefit	In-Network Benefits	Out-of-Network Benefits
<b>Other Services</b>		
Durable Medical Equipment	10% coinsurance after deductible <sup>1</sup>	30% coinsurance after deductible <sup>2</sup>
Skilled Nursing Facility	10% coinsurance after deductible 120-day limit (renewable after 180 days) <sup>1*</sup>	30% coinsurance after deductible 120-day limit (renewable after 180 days) <sup>2*</sup>
Emergency Ambulance	10% coinsurance after deductible <sup>1</sup>	30% coinsurance after deductible <sup>2</sup>
Physician Home/Office Visits (sick)		
Specialist Care		
Allergy Testing and Allergy Treatment		
Lab <sup>***</sup> and X-Ray		
MRIs, MRAs, CTs, CTAs PET Scans and Imaging Studies	10% coinsurance after deductible (Prior auth. required) <sup>1*</sup>	30% coinsurance after deductible <sup>2</sup>
Short-Term Therapies: Physical, Speech, Occupational	10% coinsurance after deductible (The maximum number of visits allowed for a specific diagnosis is determined by medical necessity) <sup>1</sup>	30% coinsurance after deductible (The maximum number of visits allowed for a specific diagnosis is determined by medical necessity)
Annual Pap Smear and Gyn Exam	100% covered <sup>6</sup>	30% coinsurance after deductible <sup>6</sup>
Periodic Physical Exams, Immunizations		
Mammograms - Routine		
Hearing Tests - Routine	100% covered <sup>6</sup>	30% coinsurance after deductible <sup>6</sup>
Hearing Aids	10% coinsurance after deductible up to the age of 24 <sup>1</sup>	30% coinsurance after deductible up to the age of 24 <sup>2</sup>
Chiropractic	10% coinsurance after deductible/ 30 <sup>7</sup> visits per plan year <sup>1</sup>	25% coinsurance after deductible/ 30 visits per plan year <sup>2</sup>
All Infertility Services	25% coinsurance after deductible/ \$10,000 lifetime max <sup>1, 5*</sup>	45% coinsurance after deductible/ \$10,000 lifetime max <sup>2, 5*</sup>

**Please note: Existing contracts and laws supercede any discrepancies with this brief benefits overview.**

<sup>1</sup> In-network benefits are subject to a plan year deductible of \$500 per person (\$1,000 per family). Two individuals must meet the deductible for the family deductible to be met. Benefits are then covered at the indicated percentage for that service until the total maximum out-of-pocket totals \$2,000 per person (\$4,000 per family). Two individuals must meet the total maximum out-of-pocket expense limit for benefits to be paid at 100% of the allowable charge for the rest of the family members.

<sup>2</sup> Out-of-network benefits are subject to a plan year deductible of \$1,000 per person (\$2,000 per family). Two individuals must meet the deductible for the family deductible to be met. Benefits are then covered at the indicated percentage for that service until the total maximum out-of-pocket totals \$4,000 per person (\$8,000 per family). Two individuals must meet the total maximum out-of-pocket expense limit for benefits to be paid at 100% of the allowable charge for the rest of the family members.

<sup>3</sup> Facility charges and professional services for bariatric surgery performed at a Blue Distinction Center for Bariatric Surgery (BDCBS) are covered at the in-network facility benefit level. For bariatric surgery performed at participating, but non-BDCBS facilities, all charges and services are subject to a 25% coinsurance, which does not accumulate toward any total maximum out-of-pocket expense limit. Members must meet eligibility criteria regardless of place of service.

<sup>4</sup> Facility charges and professional services for bariatric surgery performed at a non-participating facility are covered under the out-of-network benefit. All charges and

services are subject to a 45% coinsurance which does not accumulate toward any total maximum out-of-pocket limit. Members must meet eligibility criteria regardless of place of service.

<sup>5</sup> Coinsurance does not apply toward the total maximum out-of-pocket expense limit on infertility services.

<sup>6</sup> Not subject to deductible.

<sup>7</sup> Your health plan benefit for chiropractic services includes visit limitations. The maximum number of visits allowed for a specific diagnosis is determined by medical necessity as provided to Highmark Delaware by your treating physician. In addition, services are limited to 30 days per plan year regardless of medical necessity except for visits for the purpose of treating back pain.

<sup>\*</sup> Prior authorization or precertification is required. The list of applicable services is subject to change.

<sup>\*\*</sup> Cost sharing is the responsibility of the member for any deductible or coinsurance.

<sup>\*\*\*</sup> To receive in-network benefits, be sure to use your designated lab facility.

This plan is subject to certain limitations and exclusions. See your Benefit Booklet and Summary of Benefits and Coverage for details.

# Comprehensive PPO Plan

This summary of benefits is intended to briefly highlight the health plans available. All percentages listed refer to Highmark Blue Cross Blue Shield Delaware's allowable charges.

Description of Benefit	In-Network Benefits	Out-of-Network Benefits
Deductibles – Plan Year	None	\$300 Individual, \$600 Family
Total Maximum Out-of-Pocket Expense Limit Plan Year (includes copays and coinsurance)	\$4,500 Individual, \$9,000 Family	\$7,500 Individual, \$15,000 Family
Inpatient Room and Board*	\$100 copay per day for first 2 days of admission then covered at 100%*	20% coinsurance after deductible <sup>1*</sup>
Inpatient Physician and Surgeon Services	100% covered <sup>2</sup>	
Outpatient Surgery	Ambulatory Center: \$50 copay per visit Outpatient Dept. Hosp.: \$100 copay per visit	20% coinsurance after deductible <sup>1</sup>
Bariatric Surgery	See footnote <sup>2</sup>	See footnote <sup>1,3</sup>
Hospice	100% covered*	20% coinsurance after deductible <sup>1*</sup>
Home Care Services	100% covered for up to 240 visits per plan year*	20% coinsurance after deductible for up to 240 visits per plan year <sup>1*</sup>
Emergency Services	Facility: \$200 copay per visit, waived if admitted	Facility: \$200 copay per visit, waived if admitted
Urgent Care Services	\$20 copay per visit	20% coinsurance after deductible <sup>1</sup>
Telemedicine Services (through Amwell or Doctor on Demand)	100% covered	Not covered
<b>Mental Health Care/Substance Abuse Treatment</b>		
Inpatient Hospital Care and Partial/Intensive Outpatient Care	\$100 copay per day for the first 2 days per admission then covered at 100% <sup>5</sup> (Partial / Intensive outpatient care are not subject to the \$100 copay per visit)	20% coinsurance after deductible <sup>1</sup>
Outpatient Care	\$20 copay per visit (mental health services performed by the telemedicine vendor, Amwell, are 100% covered)	20% coinsurance after deductible <sup>1</sup>
<b>Other Services</b>		
Durable Medical Equipment	100% covered	20% coinsurance after deductible <sup>1</sup>
Skilled Nursing Facility	100% covered for up to 120 days, renewable after 180 days without care*	20% coinsurance after deductible for up to 120 days, renewable after 180 days without care <sup>1*</sup>
Emergency Ambulance	100% covered	100% covered

Description of Benefit	In-Network Benefits	Out-of-Network Benefits
Physician Home/Office Visits (sick)	\$20 copay per visit	20% coinsurance after deductible <sup>1</sup>
Specialist Care	\$30 copay per visit	
Allergy Testing and Allergy Treatment	Testing: \$30 copay per visit Treatment: \$5 copay per visit	
Lab <sup>***</sup> and X-Ray	Lab: \$10 copay per visit at Non-Hospital Affiliated Freestanding Facility/\$50 copay per visit at Hospital Affiliated Facility  X-Ray: 100% if done at a Non-Hospital Affiliated Freestanding Facility/\$50 copay per visit at Hospital Affiliated Facility	
MRIs, MRAs, CTs, CTAs and PET Scans	100% if done at a Non-Hospital Affiliated Freestanding Facility \$75 copay per visit at Hospital Affiliated Facility (Prior auth. required)	20% coinsurance after deductible <sup>1</sup>
Short-Term Therapies: Physical, Speech, Occupational	15% coinsurance after deductible (The maximum number of visits allowed for a specific diagnosis is determined by medical necessity)	20% coinsurance after deductible (The maximum number of visits allowed for a specific diagnosis is determined by medical necessity) <sup>1</sup>
Annual Pap Smear and Gyn Exam	100% covered	20% coinsurance after deductible <sup>1</sup>
Periodic Physical Exams, Immunizations	100% covered	
Mammograms	100% covered	
Hearing Tests	100% covered	20% coinsurance after deductible <sup>1</sup>
Hearing Aids	15% coinsurance after deductible up to the age of 24	20% coinsurance after deductible up to the age of 24 <sup>1</sup>
Chiropractic	25% coinsurance after deductible/ 30 <sup>6</sup> visits per plan year	45% coinsurance after deductible/ 30 visits per plan year <sup>1</sup>
All Infertility Services	75% covered /\$10,000 lifetime max <sup>4*</sup>	55% covered /\$10,000 lifetime max <sup>1,4*</sup>

**Please note: Existing contracts and laws supercede any discrepancies with this brief benefits overview.**

<sup>1</sup> Out-of-network benefits are subject to a plan year deductible of \$300 per person (\$600 per family). Two individuals must meet the deductible for the family deductible to be met. Benefits are then covered at the indicated percentage for that service until the total maximum out-of-pocket totals \$7,500 per person (\$15,000 per family). Two individuals must meet the total maximum out-of-pocket expense limit for benefits to be paid at 100% of the allowable charge for the rest of the family members.

<sup>2</sup> Facility charges and professional services for bariatric surgery performed at a Blue Distinction Center for Bariatric Surgery (BDCBS) are covered at the in-network facility benefit level. For bariatric surgery performed at participating, but non-BDCBS facilities, all charges and services are subject to a 25% coinsurance, which does not accumulate toward any total maximum out-of-pocket expense limit. Members must meet eligibility criteria regardless of place of service.

<sup>3</sup> Facility charges and professional services for bariatric surgery performed at a non-participating facility are covered under the out-of-network benefit. All charges and services are subject to a 45% coinsurance, which does not accumulate toward any total maximum out-of-pocket expense limit. Members must meet eligibility criteria regardless of place of service.

<sup>4</sup> Coinsurance does not apply toward the total maximum out-of-pocket expense limit on infertility services.

<sup>5</sup> In-network MH/SA benefit is for inpatient hospital care. Partial / intensive out patient care is covered at 100%

<sup>6</sup> Your health plan benefit for chiropractic services includes visit limitations. The maximum number of visits allowed for a specific diagnosis is determined by medical necessity as provided to Highmark Delaware by your treating physician. In addition, services are limited to 30 days per plan year regardless of medical necessity except for visits for the purpose of treating back pain.

<sup>\*</sup> Prior authorization or precertification is required. The list of applicable services is subject to change.

<sup>\*\*</sup> Cost-sharing is the responsibility of the member for any deductible or coinsurance.

<sup>\*\*\*</sup> To receive in-network benefits, be sure to use your designated lab facility.

This plan is subject to certain limitations and exclusions. See your Benefit Booklet and Summary of Benefits and Coverage for details.

Phew, that's a lot  
of good stuff. And  
somehow it just takes  
a tiny card with your  
name on it to get it all.  
Talk about simple.

Let's (en)roll with  
Highmark.



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# Health care lingo, translated.

When you're choosing a plan, you're bound to see certain terms over and over. Here's a cheat sheet for a few of the most important ones. (If you want the complete glossary, check your benefit booklet.)

## **PREMIUM**

The monthly amount you or your employer pay so you have health coverage.

## **DEDUCTIBLE**

The set amount you pay for covered health services before your plan starts paying.

## **COPAY**

The set amount you pay for a covered service, for example: \$20 for a doctor visit or \$30 for a specialist.

## **COINSURANCE**

The percentage you owe for services, after your deductible has been met. For example, if your plan pays 80%, you pay 20%.

## **ALLOWABLE CHARGES**

The set amount your plan will pay for a health service, even if your provider bills for more.

## **IN-NETWORK PROVIDER**

A doctor or hospital that accepts your plan allowance and cost sharing as full payment. They won't bill you extra, but you could still have to pay your copays.

## **MAXIMUM OUT-OF-POCKET**

The most you'd pay for covered care. If you hit this amount, your plan pays 100% after that.

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# One-on-one help, right in your neighborhood.

Throughout the month, we send our Customer Care Advocates to local community centers. If you prefer getting answers face-to-face, here's where and when to find them in your neck of the woods.\*

## **SUSSEX COUNTY**

*Lewes Senior Center*

310A Nassau Park Road

Lewes, DE 19958

Fourth Friday of each month, 10 a.m. to noon

*Modern Maturity Center*

1121 Forrest Avenue, Route 8

Dover, DE 19904

302-734-1200

First Thursday of each month, 9 a.m. to 2 p.m.

## **KENT COUNTY**

*Mamie Warren Senior Center*

1775 Wheatleys Pond Road

Smyrna, DE 19977

302-653-4078

First Wednesday of each month, 9:30 a.m. to noon

*\*Sometimes things happen, so these dates might change if there's a holiday or other circumstances. Just to be sure, call Customer Service at 844-459-6452 before you head out.*

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## Our friends in the legal department asked us to include this. Enjoy all the nitty gritty details.

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\* There's a small handful of plans that aren't supported by My Care Navigator, but we're working on it.

Livongo® is a registered trademark of Livongo Health, Inc. Livongo is an independent company that provides a diabetes management program on behalf of Highmark.

Blues On Call is a service mark of the Blue Cross and Blue Shield Association.

Sharecare, RealAge Test and AskMD are registered trademarks of Sharecare, LLC., an independent and separate company that provides a consumer care engagement platform for Highmark members. Sharecare is solely responsible for its programs and services, which are not a substitute for professional medical advice, diagnosis or treatment. Sharecare does not endorse any specific product service or treatment. Health care plans and the benefits thereunder are subject to the terms of the applicable benefit agreement.

American Well and Doctor On Demand service availability is subject to state laws. American Well and Doctor On Demand are independent companies that provide telemedicine services and do not provide Blue Cross and/or Blue Shield products or services. American Well and Doctor On Demand are solely responsible for their telemedicine services.

My Care Navigator<sup>SM</sup> is a service mark of Highmark Inc.

Blue Distinction® Specialty Care is a registered mark of the Blue Cross Blue Shield Association. Blue Distinction Centers (BDC) met overall quality measures, developed with input from the medical community. A Local Blue Plan may require additional criteria for providers located in its own service area; for details, contact your Local Blue Plan. Blue Distinction Centers+ (BDC+) also met cost measures that address consumers' need for affordable healthcare. Each provider's cost of care is evaluated using data from its Local Blue Plan. Providers in CA, ID, NY, PA, and WA may lie in two Local Blue Plans' areas, resulting in two evaluations for cost of care; and their own Local Blue Plans decide whether one or both cost of care evaluation(s) must meet BDC+ national criteria. Total Care ("Total Care") providers have met national criteria based on provider commitment to deliver value-based care to a population of Blue members. Total Care+ providers also met a goal of delivering quality care at a lower total cost relative to other providers in their area. Program details are displayed on [www.bcbs.com](http://www.bcbs.com). Individual outcomes may vary. For details on a provider's in-network status or your own policy's coverage, contact your Local Blue Plan and ask your provider before making an appointment.

Neither Blue Cross and Blue Shield Association nor any Blue Plans are responsible for noncovered charges or other losses or damages resulting from Blue Distinction, Total Care, or other provider finder information or care received from Blue Distinction, Total Care, or other providers.

Highmark Blue Cross Blue Shield Delaware is the claims administrator for the self-funded employee health plan sponsored by the State of Delaware.

Highmark Blue Cross Blue Shield Delaware is an independent licensee of the Blue Cross and Blue Shield Association. Blue 365, Blue Distinction® Specialty Care, Blue Distinction Centers, BlueCard®, Blue Cross, Blue Shield and the Cross and Shield symbols are registered service marks of the Blue Cross and Blue Shield Association.

### **Discrimination is Against the Law**

The Claims Administrator/Insurer complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity. The Claims Administrator/Insurer does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex assigned at birth, gender identity or recorded gender. Furthermore, the Claims Administrator/Insurer will not deny or limit coverage to any health service based on the fact that an individual's sex assigned at birth, gender identity, or recorded gender is different from the one to which such health service is ordinarily available. The Claims Administrator/Insurer will not deny or limit coverage for a specific health service related to gender transition if such denial or limitation results in discriminating against a transgender individual. The Claims Administrator/Insurer:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that the Claims Administrator/Insurer has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity, you can file a grievance with: Civil Rights Coordinator, P.O. Box 22492, Pittsburgh, PA 15222, Phone: 1-866-286-8295, TTY: 711, Fax: 412-544-2475, email: CivilRightsCoordinator@highmarkhealth.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at  
<http://www.hhs.gov/ocr/office/file/index.html>.

If you speak English, language assistance services, free of charge, are available to you. Call 1-800-876-7639.

Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al 1-800-876-7639.

如果您说中文，可向您提供免费语言协助服务。  
請致電 1-800-876-7639。

Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số 1-800-876-7639.

한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다.  
1-800-876-7639 로 전화.

Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyonang tulong sa wika. Tumawag sa 1-800-876-7639.

Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Звоните 1-800-876-7639.

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Si se Kreyòl Ayisyen ou pale, gen sèvis entèprèt, gratis-ticheri, ki la pou ede w.  
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Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez au 1-800-876-7639.

Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa.  
Zadzwoń 1-800-876-7639.

Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para 1-800-876-7639.

Se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Chiamare l'1-800-876-7639.

Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie 1-800-876-7639.

日本語が母国語の方は言語アシスタンス・サービスを無料でご利用いただけます。 1-800-876-7639 を呼び出します。

اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان رایگان  
با تماس با شماره 1-800-876-7639 .

